

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/807277
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/		
2			/	/		
3			/	/		
4			/	/		
5			/	/		
6			/	/		
7			/	/		
8			/	/		
9			/	/		
10			/	/		
11			/	/		
12			/	/		
13			/	/		
14			/	/		
15			/	/		
16			/	/		
17			/	/		
18			/	/		
19			/	/		
20			/	/		
21			/	/		
22			/	/		
23			/	/		
24			/	/		
25			/	/		
26			/	/		
27			/	/		
28			/	/		
29			/	/		
30			/	/		
31			/	/		
32			/	/		
33			/	/		
34			/	/		
35			/	/		
36			/	/		
37			/	/		
38			/	/		
39			/	/		
40			/	/		
41			/	/		
42			/	/		
43			/	/		
44			/	/		
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	/				
52	/	/				
53	/	/				
54	/	/				
55	/	/				
56	/	/				
57	/	/				
58	/	/				
59	/	/				
60	/	/				
61	/	/				
62	/	/				
63	/	/				
64	/	/				
65	/	/				
66	/	/				
67	/	/				
68	/	/				
69	/	/				
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	27					
TOTAL CLAIMS	32					